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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligatio	ns		
(a) Name AMERICAN CHEN	MISTRY COUNCIL	., INC	
(b) Address (number and street)			
(c) City, State and ZIP Code WASHINGTON	DC 20002	C C30002430	
(d) Name of Employer or Principal Place of Business	(e) Occupation	on	
X New 3. Is This Statement or Amended	4. Covering Period	30 2016 through	
5. (a) Date of Public Distribution(s) 06 30	2016 (b) Communication	Title Support for Sen. Roy Blunt (R-MO)	
(d) X Corporation, Labor Organization or Qualific (e) Other, specify: 7. If the filer is an individual, unincorporated of were the disbursements made exclusively for the disbursements of the disbu	organization or qualified nonprofit	corporation, Yes No	
8. Custodian of Records	Tom domanono to a bogrogatoa be		
(a) Name Dell Perelman			
(b) Address (number and street) 700 2nd Street NE			
(c) City, State and ZIP Code			
Washington	DC 2000		
(d) Name of Employer or Principal Place of Business American Chemistry Council	(e) Occupati Genera	on I Counsel & Corporate Secretary	
9. Total Donations This Statement		,00	
0. Total Disbursements/Obligations This State	ment	291600.00	
Under penalty of perjury, I certify that this statement i	s true, correct and complete.		
TYPE OR PRINT NAME OF PERSON COMPLETING FOR	Allison Starmann		
SIGNATURE Allison Starmann	[Electronically Filed] DATE	07/06/2016	

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

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A.	(a) Name	Transaction ID : F91.000001
	Cal Dooley	
	(b) Address (number and street) 700 2nd Street NE	
	(c) City, State and ZIP Code	
	Washington	DC 20002
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	American Chemistry Council	President/CEO
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<u>C.</u>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

Α.	A. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation				
	Revolution Media Group			06 30 2016				
-	Mailing Address of Payee			00 2010				
	1020 Princess Street			Amount				
'	City	State	Zip Code	291600.00				
	Alexandria	VA	22314	Communication Date				
'	Name of Employer	Occupat	ion	M M / D D / Y Y Y				
				07 06 2016				
	Purpose of Disbursement (Including			Transaction ID: F93.000001				
	Broadcast and Cable Television Ad							
	Name of Federal Candidate	Office Sought:	House State: MO	Disbursement/Obligation For: 2016				
	Roy Blunt	\geq	Senate District:	Primary General				
Tr	ansaction ID : F94.000002	L	President District.	Other (specify)				
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
		_	Senate District:	Primary General				
			President	Other (specify)				
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
			Senate District:	Primary General				
			President President	Other (specify)				
В.	Full Name (Last, First, Middle Initial)	of Payee		Date of Disbursement or Obligation				
				M M / D D / Y Y Y				
-	Mailing Address of Payee							
	·			Amount				
	State Zip Code							
		e of Employer Occupation		Communication Date				
	Name of Employer			M M / D D / Y Y Y Y				
	Purpose of Disbursement (Including							
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
			Senate District:	Primary General				
			President	Other (specify) ▶				
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
			Senate District:	Primary General				
			President	Other (specify)				
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:				
			Senate District:	Primary General				
			President	Other (specify)				
	204202							
SUBTOTAL of Disbursements/Obligations This Page (optional)								
_	TOTAL This Period (last page this line number only)							
	(carry total from last page to Line 10)							

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